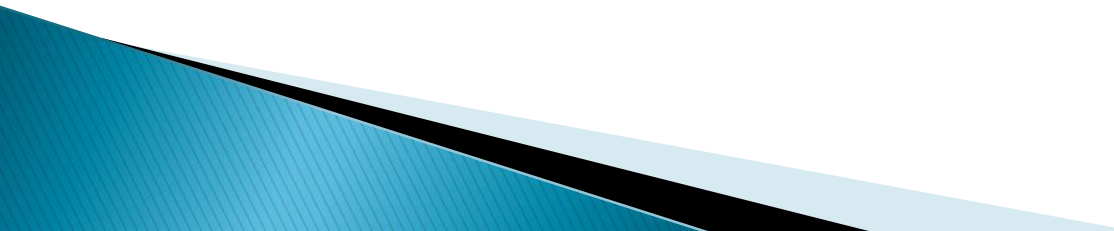


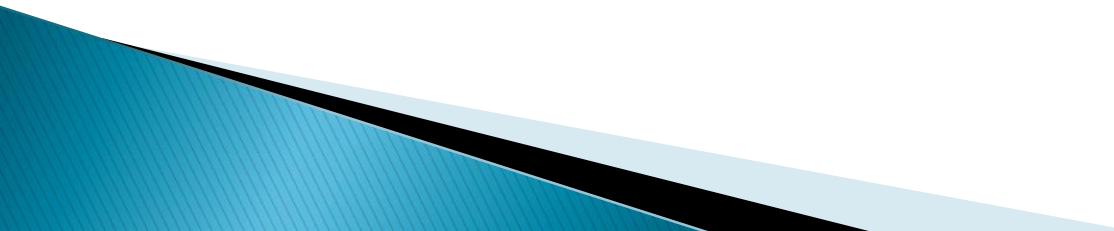
Opioid Safety

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What are opioids?

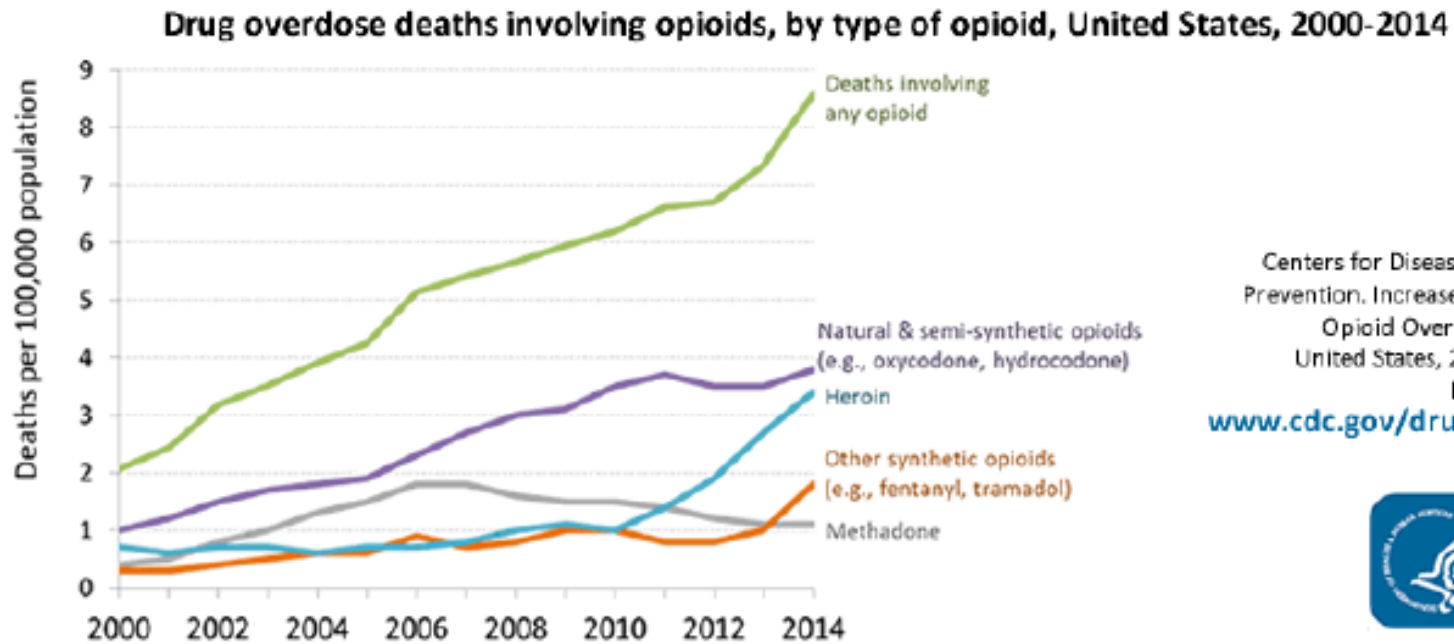
Opioids include illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin[®], Percodan[®], Percocet[®]), hydrocodone (Vicodin[®], Lortab[®], Norco[®]), fentanyl (Duragesic[®], Fentora[®]), hydromorphone (Dilaudid[®], Exalgo[®]), and buprenorphine (Subutex[®], Suboxone[®]).



What's the problem?

Since 1999, the number of deaths involving an opioid has quadrupled
78 Americans die every day from opioid overdose

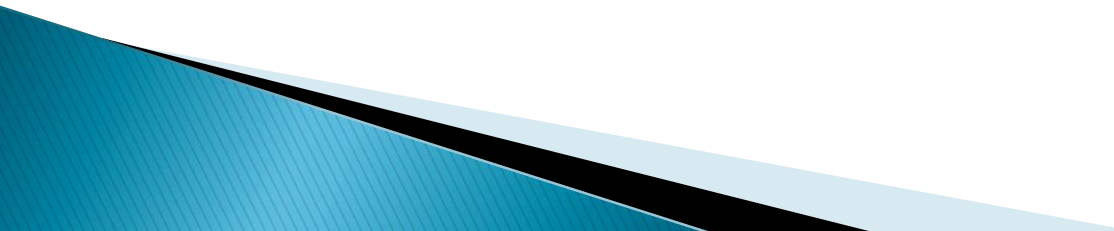
Opioid overdoses driving increase in drug overdoses overall



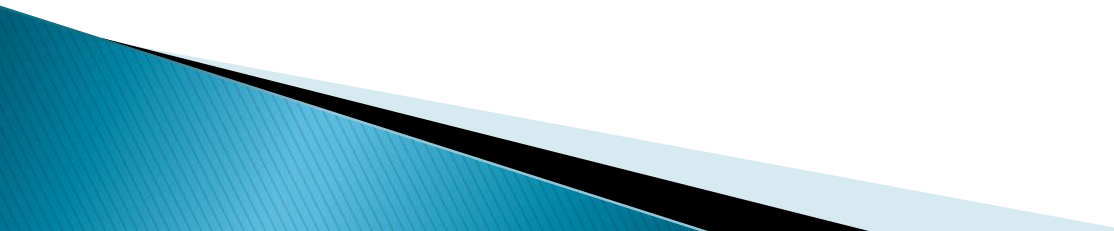
SOURCE:
Centers for Disease Control and
Prevention. Increases in Drug and
Opioid Overdose Deaths –
United States, 2000 to 2014.
MMWR 2015.
www.cdc.gov/drugoverdose



In response to the epidemic

- ▶ As requested by the United States Senate Committee on Veterans' Affairs, the VA Office of Inspector General (OIG) conducted a study in 2012 to assess the **provision** of VA outpatient opioids
 - ▶ Also assessed how the VA screens and **monitors** opioid patients in alignment with measures adapted from selected recommendations in the VA/Department of Defense Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain
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Prescribing Practices

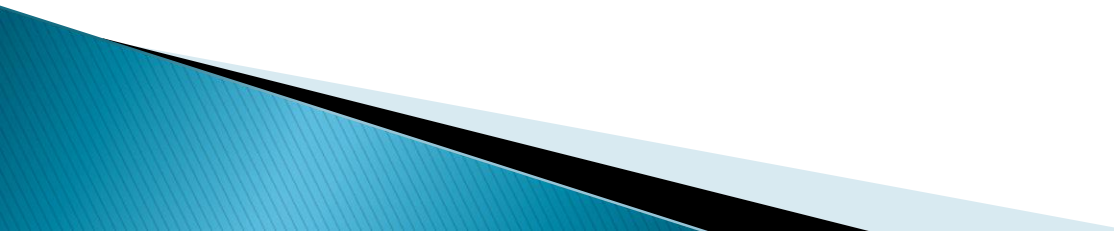
- ▶ OIG found that 7.7% of VA patients were on opioids in FY2012
 - ▶ Approximately 87% were diagnosed with non-cancer related pain
 - ▶ 6 out of 10 patients had a mental health diagnosis
 - ▶ 1 out of 7 had PTSD
 - ▶ 1 of 7 had a substance use disorder
 - ▶ Approximately 1 / 3 were on opioids for >90 days
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Urine Drug Screening

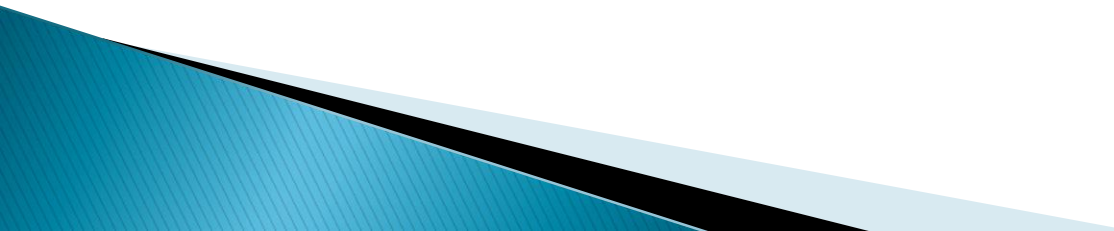
- ▶ OIG determined that 6.4 percent of the new patients received both a UDS prior to and a follow-up within 30 days. They observed broad variation among 140 VAMCs' practice on this measure, ranging from 1.1 percent to 32.2 percent, with the middle 50 percent of the VAMCs from 3.9 percent to 10.2 percent.
- ▶ OIG found that only 7.6 percent of the new patients had a UDS within 30 days prior to initiating therapy. Even for the high-risk group of patients who were diagnosed with substance use disorder (SUD) within 1 year prior to the initiation of opioid therapy, a UDS was performed for only out of 5 patients.

Opioid Safety Initiative

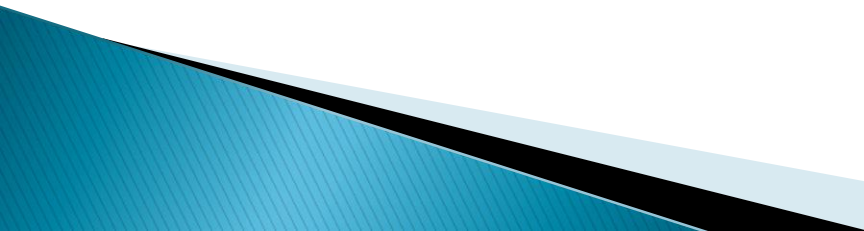
- ▶ In 2013 VA issued the Opioid Safety Initiative with the goal to ensure pain management is addressed thoughtfully, compassionately and safely–9 goals were established

- 1–Educate prescribers regarding the effective use of UDS
 - 2–Increase the use of UDS
 - 3–Facilitate the use of state prescription databases
 - 4–Establish safe and effective tapering programs for combo benzodiazepines and opioid
 - 5–Develop tools to identify higher risk patients
 - 6–Improve prescribing practices around long-acting opioid formulations
 - 7–Review treatment plans for patients on high doses of opioids
 - 8–Offer complementary and alternative medicine (CAM) modalities
 - 9–Develop new models of mental health and primary care collaboration to manage prescribing of opioids and benzos
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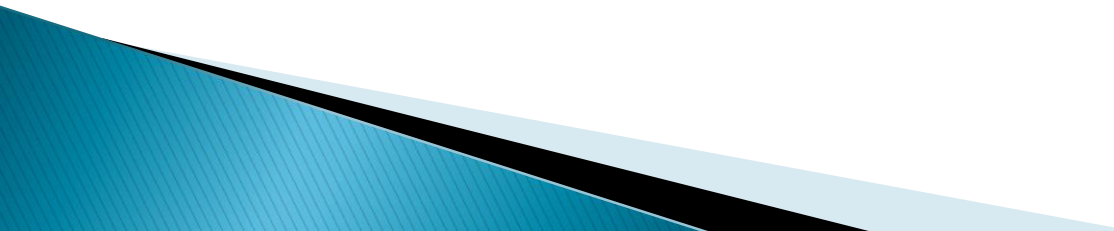
Informed Consent for Long-Term Opioid (LTOT) Therapy for Pain

- ▶ A new directive was established by the Under Secretary for Health regarding patient education and informed consent for LTOT
 - ▶ The National Pain Management Program and the National Center for Ethics in Health Care jointly developed a patient information guide titled “Taking Opioids Responsibly for Your Safety and the Safety of Others”
 - ▶ Also created a Consent for Long-Term Opioid Therapy for Pain
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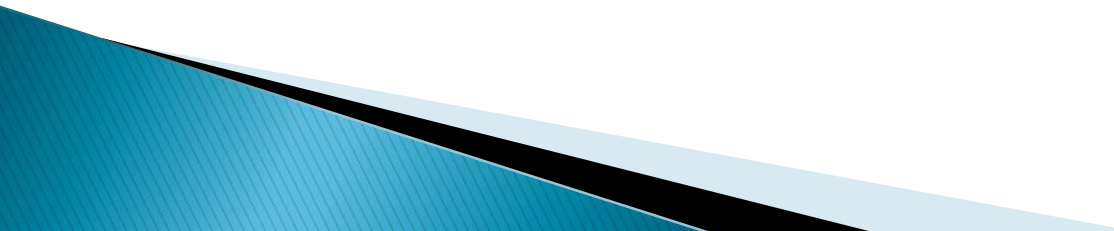
Lean Six Sigma Green Belt

- ▶ Six Sigma is a set of techniques and tools for process improvement introduced by engineer Bill Smith while working at Motorola in 1986
 - ▶ Jack Welch made it central to his business strategy at General Electric in 1995
 - ▶ Six Sigma seeks to improve the quality of the output of a process by identifying and removing waste or defects
 - ▶ Each project carried out within an organization follows a defined sequence of steps to achieve specific targets.
 - ▶ Completed Lean Six Sigma–Green belt training June, 2014
 - ▶ Process start date was 8/15/14
 - ▶ Decided to gather Informed Consent for Long–Term opioid Therapy (LTOT) at the same time as the Urine Drug Screens (UDS)
 - ▶ Made a decision to use a Shared Medical Appointment instead of one–on–one visits
 - ▶ One–on–one visits would essentially use 50% of a patient's medical appointment time for the year
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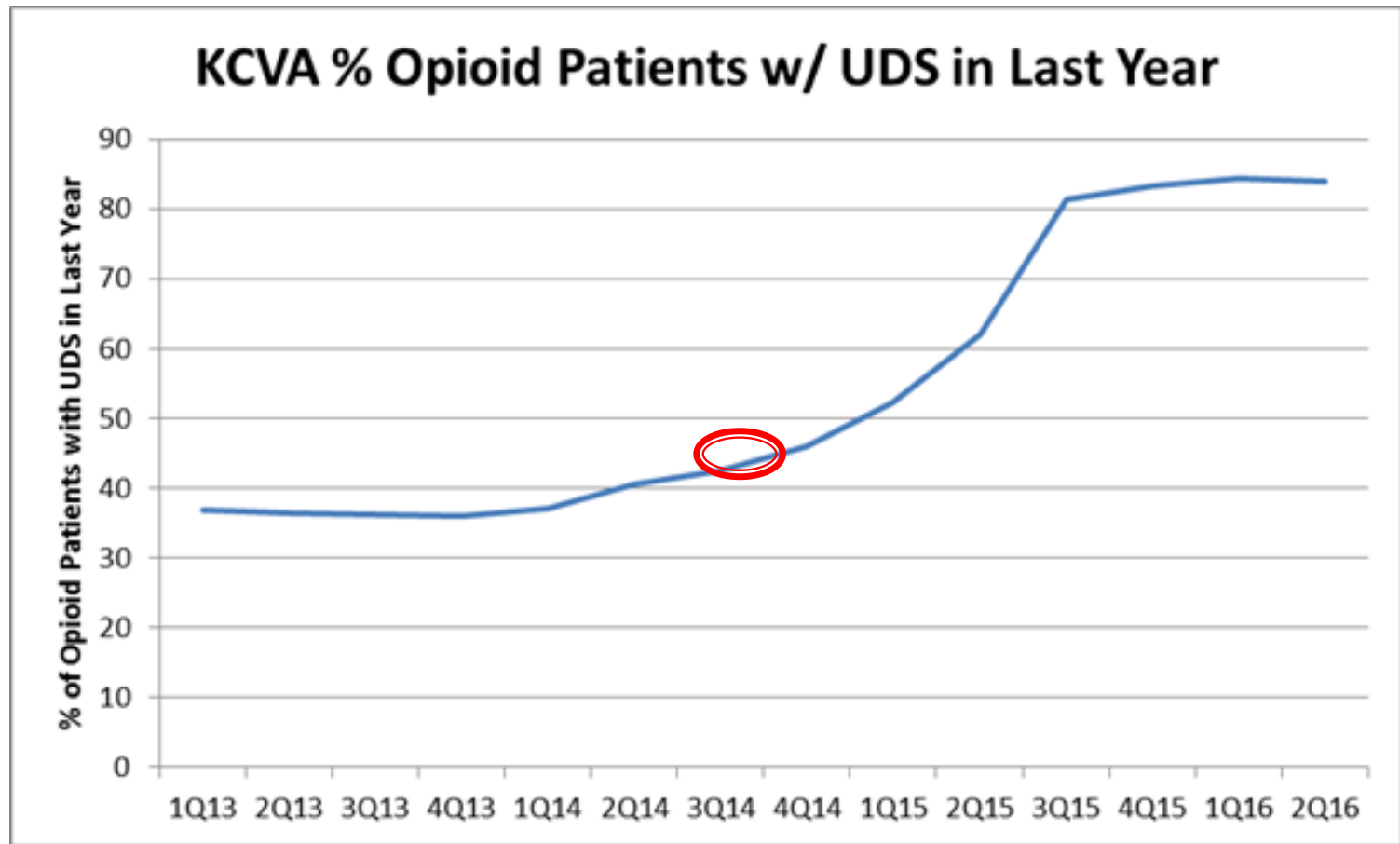
Project Charter

- ▶ Project team: Shannon Huebert, PhD, Sue Ulrich, RPh, Rachel Hogan, PharmD, and Dennis Nichols, RN
 - ▶ Process owner–Prescribing provider
 - ▶ Problem Statement–current state of UDS rate at KCVA is 42.5%–National average is 52.5%
 - ▶ AIM statement–increase the use of UDS by 10% by 9/15/14. This 10% increase will be measured from the baseline UDS data collected Q3–14 and monitored through the opioid dashboard
 - ▶ Out of scope: Oncology patients, patients on hospice and patients receiving their opioids from a provider outside of Primary Care
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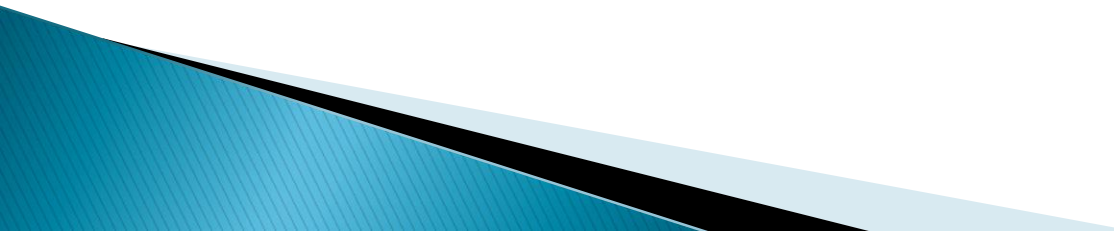
Established Shared Medical Appointments

- ▶ Patients were contacted and invited to come to the group appointment and bring family
 - ▶ Patients were given a brief overview of the opioid epidemic and the resulting opioid safety initiative
 - ▶ Facilitators gathered verbal consent for drug screening
 - ▶ Patient were shown a video that reviewed the Taking Opioids Responsibly Guide
 - ▶ Patients were given an opportunity to ask questions
 - ▶ Patients then completed a drug screen and met with their provider to sign the Informed Consent for Long-term Opioid Therapy
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Final Outcomes



In Summary

- ▶ Since the inception of the project, >40 Shared Medical Appointments have been conducted
 - ▶ Over 1000 consents and drug screens have been gathered
 - ▶ Total number of patients on LTOT down from approximately 2200 down to approximately 1350
 - ▶ This 38% decrease was an unexpected outcome and likely resulted from many efforts related to the Opioid Safety Initiative.
 - ▶ Increases the overall safety of Veterans
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"Little of consequence is ever accomplished alone"

-David McCullough

Helpful links

- ▶ https://en.wikipedia.org/wiki/Six_Sigma
 - ▶ <http://www.cdc.gov/drugoverdose/epidemic/index.html>
 - ▶ http://store.samhsa.gov/shin/content/SMA14-4742/Overdose_Toolkit.pdf
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